

# INFORMATION GUIDE

## *LAW-JONES FUNERAL HOME, INC.*

309 Chicago Avenue, P.O. Box 309  
Savanna, Illinois 61074  
800-525-2264

### *Vital Statistics*

*Date* \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Full Name Street City State Zip

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced

Husband or Wife (Wife's Maiden Name) \_\_\_\_\_

Date & Place of Marriage \_\_\_\_\_

Date & Place of Death if Spouse is Deceased \_\_\_\_\_

### *Family Members*

**Children:** \_\_\_\_\_ #Sons \_\_\_\_\_ #Daughters

*Please List:* Child's First Name, (Their Spouse), Last Name, City, State

---

---

---

---

---

---

---

---

Grandchildren # \_\_\_\_\_ Great-grandchildren # \_\_\_\_\_ Great-great-grandchildren # \_\_\_\_\_

**Siblings:** # of Living Brothers \_\_\_\_\_ # of Living Sisters \_\_\_\_\_

*Please List:* Siblings First Name, (Their Living Spouse), Last Name, City, State

---

---

---

---

---

---

---

---

Preceded in death by: \_\_\_\_\_

---

---

**Personal History**

Highest Education \_\_\_\_\_ (#of years) School & year of Graduation \_\_\_\_\_

Main Occupation \_\_\_\_\_ Position Held \_\_\_\_\_ Retired \_\_\_\_\_ Years \_\_\_\_\_

Employer \_\_\_\_\_  
Name City State

**Military:** War \_\_\_\_\_ Branch \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

**\* PLEASE ATTACH A COPY OF YOUR MILITARY DISCHARGE PAPERS, FORM DD214**

Church Affiliation \_\_\_\_\_

Organizations, Lodges, Memberships:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies & Things I Enjoy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Funeral Service Guidelines**

- I prefer:  Traditional Funeral Service with Burial to follow
- Funeral Service with my body present and Cremation to follow
- Cremation with Memorial Service
- Direct Cremation with no services
- Funeral Service with Body Donation to follow
- Body Donation with Memorial Service

Cemetery \_\_\_\_\_ Lot Location \_\_\_\_\_ Marker up? \_\_\_\_\_

Place of Service: \_\_\_\_\_ Place of Visitation \_\_\_\_\_

Special Services: (if desired please list) \_\_\_\_\_

Military Services at Graveside? Yes \_\_\_\_\_ No \_\_\_\_\_